



**CANDIDATE**

Surname and name:			EIN:
Doctoral Programme:			
Thesis title:			
Applies for international doctorate mention	YES	No	
Applies for industrial doctorate mention	YES	No	
Theses by compendium of publications:	YES	No	
Thesis under joint supervision:	YES	No	

**RESEARCHERS PROPOSED BY THE ACADEMIC COMMITTEE OF THE CORRESPONDING DOCTORAL PROGRAMME AS MEMBERS OF THE COMMITTEE TO EVALUATE THE AFOREMENTIONED DOCTORAL THESIS**

<b>PRESIDENT</b>	Surname and name:
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<b>SECRETARY</b>	Surname and name:
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<b>MEMBER</b>	Surname and name:
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<b>SUBSTITUTE 1</b>	Surname and name:
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<b>SUBSTITUTE 2</b>	Surname and name:
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The <b>Academic Committee</b> agrees to propose this doctoral thesis committee to the Board of Directors of the EDUZ.  Coordinator of the Doctoral Programme Electronically signed and with verifiable authenticity according to Article 27 3-c) of Law 39/2015.
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The <b>Permanent Committee of the Board of Directors of the Doctoral School</b> agrees to <b>AUTHORIZE</b> the defense of the doctoral thesis and to appoint the proposed members of the Committee, proceeding with their <b>APPOINTMENT</b> .  President of the Permanent Committee Electronically signed and with verifiable authenticity according to Article 27 3-c) of Law 39/2015.
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Director of the Doctoral School.

## REPORT ON THE SUITABILITY OF THE PROPOSED MEMBERS OF THE DOCTORAL THESIS COMMITTEE

### PRESIDENT

Surname and name:	Sex:
Institution to which it belongs:	
Academic category:	Field of knowledge:
Date of issuance of the Doctoral degree:	ID/Passport:
University issuing the degree: <sup>1</sup>	
E-mail (for notification purposes):	Phone:
Full address (for notification purposes):	
<b>Two publications related to the thesis</b> (authors, title, journal, year, volume, pages, DOI or PMID): <sup>2</sup>	
1.	
2.	
<i>Indicate one of the following options below:</i>	
The researcher has at least one recognized period of research activity by the CNEAI, ACPUA, or equivalent. <sup>3</sup>	
The researcher's previous research experience has been recognized by the Doctoral Commission. <sup>4</sup>	
Neither of the above applies, so the researcher proposed is informed by the program office that they must request <a href="#">the recognition of their research experience</a> as soon as possible. <sup>5</sup>	

### SECRETARY

Surname and name:	Sex:
Institution to which it belongs:	
Academic category:	Field of knowledge:
Date of issuance of the Doctoral degree:	ID/Passport:
University issuing the degree: <sup>1</sup>	
E-mail (for notification purposes):	Phone:
Full address (for notification purposes):	
<b>Two publications related to the thesis</b> (authors, title, journal, year, volume, pages, DOI or PMID): <sup>2</sup>	
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The researcher's previous research experience has been recognized by the Doctoral Commission. <sup>4</sup>	
Neither of the above applies, so the researcher proposed is informed by the program office that they must request the <a href="#">recognition of their research experience</a> as soon as possible. <sup>5</sup>	

## VOCAL

Surname and name:

Sexo:

Institution to which it belongs:

Academic category:

Field of knowledge:

Date of issuance of the Doctoral degree:

ID/Passport:

University issuing the degree:<sup>1</sup>

E-mail (for notification purposes):

Phone:

Full address (for notification purposes):

**Two publications related to the thesis** (authors, title, journal, year, volume, pages, DOI or PMID):<sup>2</sup>

1.

2.

*Indicate one of the following options below:*

The researcher has at least one recognized period of research activity by the CNEAI, ACPUA, or equivalent.<sup>3</sup>

The researcher's previous research experience has been recognized by the Doctoral Commission.<sup>4</sup>

Neither of the above applies, so the researcher proposed is informed by the program office that they must request the [recognition of their research experience](#) as soon as possible.<sup>5</sup>

## SUPLENTE 1

Surname and name:

Sex:

Institution to which it belongs:

Academic category:

Field of knowledge:

Date of issuance of the Doctoral degree:

ID/Passport:

University issuing the degree:<sup>1</sup>

E-mail (for notification purposes):

Phone:

Full address (for notification purposes):

**Two publications related to the thesis** (authors, title, journal, year, volume, pages, DOI or PMID):<sup>2</sup>

1.

2.

*Indicate one of the following options below:*

The researcher has at least one recognized period of research activity by the CNEAI, ACPUA, or equivalent.<sup>3</sup>

The researcher's previous research experience has been recognized by the Doctoral Commission.<sup>4</sup>

Neither of the above applies, so the researcher proposed is informed by the program office that they must request the [recognition of their research experience](#) as soon as possible.<sup>5</sup>

## SUPLENTE 2

Surname and name:	Sex:
Institution to which it belongs:	
Academic category:	Field of knowledge:
Date of issuance of the Doctoral degree:	ID/Passport:
University issuing the degree: <sup>1</sup>	
E-mail (for notification purposes):	Phone:
Full address (for notification purposes):	
<b>Two publications related to the thesis</b> (authors, title, journal, year, volume, pages, DOI or PMID): <sup>2</sup>	
1.	
2.	
<i>Indicate one of the following options below:</i>	
The researcher has at least one recognized period of research activity by the CNEAI, ACPUA, or equivalent. <sup>3</sup>	
The researcher's previous research experience has been recognized by the Doctoral Commission. <sup>4</sup>	
Neither of the above applies, so the researcher proposed is informed by the program office that they must request the <a href="#">recognition of their research experience</a> as soon as possible. <sup>5</sup>	

### DATA PROTECTION

*In accordance with Regulation (EU) 2016/679 of April 27, on the protection of personal data, we inform you that your personal data will be processed by the University of Zaragoza for the purpose of managing the academic and research training of its students, including the completion of theses. You may exercise your rights of access, rectification, limitation, opposition, or portability of your data by sending a written request to the Manager of the University of Zaragoza, accompanied by a copy of your identity document. In case of disagreement with the response, you may contact [dpd@unizar.es](mailto:dpd@unizar.es) or file a complaint with the Spanish Data Protection Agency (<https://sedeagpd.gob.es>). You can consult all the information regarding this matter at: <https://protecciondatos.unizar.es/>.*

<sup>1</sup> For those whose Doctoral Degree was obtained at a foreign university, they must communicate the date of issuance of the degree.

<sup>2</sup> DOI: It is a digital object identifier. PMID: It is an identifier used by the PubMed database.

<sup>3</sup> In this case, it will be sufficient for individuals external to the University of Zaragoza to submit the supporting documentation to the Doctoral School; this is not necessary if they belong to the university. In any case, it will be enough for the interested party to submit a sworn declaration according to the [established form](#).

<sup>4</sup> In case of doubt, inquiries can be made to [tesis@unizar.es](mailto:tesis@unizar.es) from the program's administrative office.

<sup>5</sup> The request can be submitted on behalf of the interested party, as indicated on the [website](#).